

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155095		X2) MULTIPLE CONSTRUCTION A. BUILDING 00 B. WING _____		X3) DATE SURVEY COMPLETED 03/22/2012	
NAME OF PROVIDER OR SUPPLIER HERITAGE PARK				STREET ADDRESS, CITY, STATE, ZIP CODE 2001 HOBSON RD FORT WAYNE, IN 46805			
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F0000	<p>This visit was for the Investigation of Complaints IN00105054 and IN00105276.</p> <p>Complaints IN00105054 and IN00105276 - Substantiated. Federal/state deficiencies related to the allegations are cited at F157, F514.</p> <p>Survey dates: March 14, 15, 16, 22, 2012</p> <p>Facility number: 000038 Provider number: 155095 AIM number: 1002274830</p> <p>Survey team: Ann Armey RN, TC Carol Miller RN (March 16 and 22, 2012) Shelly Vice RN (March 15, 2012)</p> <p>Census bed type: SNF: 22 SNF/NF: 144 Total: 166</p> <p>Census payor type: Medicare: 22 Medicaid: 101 Other: 43 Total: 166</p>			F0000	<p>The creation and submission of this Plan of Correction does not constitute an admission by this provider of any conclusion set forth in the statement of deficiencies, or of any violation of regulation. This provider respectfully requests that the 2567L Plan of Correction be considered the Letter of Credible Allegation. Based on past survey history and no harm identified to any resident; this facility respectfully requests a desk review in lieu of a post-survey revisit on or after April 6, 2012.</p>		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>Sample: 7</p> <p>These deficiencies reflect state findings cited in accordance with 410 IAC 16.2.</p> <p>Quality review 3/23/12 by Suzanne Williams, RN</p>						

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F0157 SS=D	<p>483.10(b)(11) NOTIFY OF CHANGES (INJURY/DECLINE/ROOM, ETC) A facility must immediately inform the resident; consult with the resident's physician; and if known, notify the resident's legal representative or an interested family member when there is an accident involving the resident which results in injury and has the potential for requiring physician intervention; a significant change in the resident's physical, mental, or psychosocial status (i.e., a deterioration in health, mental, or psychosocial status in either life threatening conditions or clinical complications); a need to alter treatment significantly (i.e., a need to discontinue an existing form of treatment due to adverse consequences, or to commence a new form of treatment); or a decision to transfer or discharge the resident from the facility as specified in §483.12(a).</p> <p>The facility must also promptly notify the resident and, if known, the resident's legal representative or interested family member when there is a change in room or roommate assignment as specified in §483.15(e)(2); or a change in resident rights under Federal or State law or regulations as specified in paragraph (b)(1) of this section.</p> <p>The facility must record and periodically update the address and phone number of the resident's legal representative or interested family member.</p> <p>Based on record review and interview, the facility failed to ensure the resident's physician was notified timely in regard to an abnormal laboratory test which indicated a need for treatment.</p>		F0157	<p>F-157 NOTIFICATION OF CHANGESIt is the practice of this provider to ensure the physician, legal representative or an interested family member are notified when there is significant</p>		04/06/2012	

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	<p>This deficiency affected 1 of 7 residents reviewed for abnormal laboratory tests in a sample of 7 (Resident B).</p> <p>Findings include:</p> <p>Resident B's record was reviewed on 3/14/12 at 1:10 p.m., and indicated Resident B's diagnoses included, but were not limited to, impaired renal function and urinary retention.</p> <p>The physician's orders dated 3/7/12 indicated to obtain a urine specimen for a urinalysis (U/A) with a culture and sensitivity (C/S) if indicated.</p> <p>The resident's progress notes dated 3/8/12 at 9:01 p.m. indicated a urine specimen was sent to the laboratory.</p> <p>The final C/S laboratory test result dated 3/10/12 at 06:31 (6:31 a.m.) indicated the resident had an urinary tract infection (UTI).</p> <p>The Physician's Orders dated 3/12/12 indicated an order for Bactrim DS (an antibiotic to treat UTI) one tablet twice a day for 7 days for a diagnosis of a UTI.</p> <p>The Medication Administration Record (MAR) indicated the resident was started on Bactrim DS on 3/12/12.</p>		<p>change in the resident's physical, mental, or psychosocial status. However; based on the alleged deficient practice- the following has been implemented:What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident B:The physcian was notified of the abnormal lab result and the appropriate antibiotic was ordered and administered.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:No other residents were found to have been affected by the alleged deficient practice.Residents having abnormal lab value results have the potential to be affected.The Nurse Managers have been re-educated on obtaining lab results and ensuring the physician is notified timely. Education includes but is not limited to ordered labs being recorded on the Lab/X-Ray Tracking Log upon receipt of the physicians order.The Tracking Log is maintained by the Unit Managers. The Unit Managers check the log daily to ensure lab results are received and the physician is notified timely of abnormal values based on individual resident values. The Unit Managers check the lab fax machine for lab results 2x/day and the Evening Nurse Supervisor checks it 2x during the</p>				

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	<p>On 3/16/12 at 7:15 a.m., the Director of Nursing Service (DNS) was interviewed in regard to the untimely physician notification, and the DNS indicated LPN #3 should have called the resident's physician on 3/10/12 when the abnormal C/S laboratory results were received. The DNS indicated the resident was not exhibiting any signs or symptoms of a UTI.</p> <p>On 3/16/12 at 10:45 a.m., the DNS provided a late entry on a Progress Note for 3/7/12, which indicated the resident's physician had been aware of the resident's history of VRE (Vancomycin resistant enterococci - bacterial infection) in the urine and wanted to make sure the infection had resolved.</p> <p>This federal tag related to complaints IN00105054 and IN00105276.</p> <p>3.1-5(a)(2)</p>		<p>evening shift. The Weekend Nursing Supervisor checks the lab fax machine for lab results 4x during the Weekend Supervisor 12 hour shift. Education provided March 27, 2012 by the Director of Nursing Services. The facility is contracting with a different lab scheduled to begin providing service effective April 9, 2012. The Director of Nursing Services is responsible to ensure compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. Residents having abnormal lab value results have the potential to be affected. The Nurse Managers have been re-educated on obtaining lab results and ensuring the physician is notified timely. Education includes but is not limited to ordered labs being recorded on the Lab/X-Ray Tracking Log upon receipt of the physicians order. The Tracking Log is maintained by the Unit Managers. The Unit Managers check the log daily to ensure lab results are received and the physician is notified timely of abnormal values based on individual resident values. The Unit Managers check the lab fax machine for lab results 2x/day and the Evening Nurse Supervisor checks it 2x during the evening shift. The Weekend Nursing Supervisor checks the lab fax machine for lab results 4x</p>				

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				<p>during the Weekend Supervisor 12 hour shift. Education provided March 27, 2012 by the Director of Nursing Services. The facility is contracting with a different lab scheduled to begin providing services April 9, 2012. The Director of Nursing Services is responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A CQI monitoring tool titled "Lab Monitoring" will be utilized every week x 4, monthly x 3 and quarterly thereafter for 6-months. Data will be submitted to the CQI committee. If 95% threshold is not met; an action plan will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>			

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F0514 SS=D	<p>483.75(l)(1) RES RECORDS-COMplete/ACCURATE/ACCE SSIBLE The facility must maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized.</p> <p>The clinical record must contain sufficient information to identify the resident; a record of the resident's assessments; the plan of care and services provided; the results of any preadmission screening conducted by the State; and progress notes.</p> <p>Based on observation, interviews and record review, the facility failed to document a medication as administered as ordered on the Medication Administration Record. This deficiency affected 1 of 7 residents reviewed for clinical records in a sample of 7 (Resident G).</p> <p>Findings include:</p> <p>Resident G's record was reviewed on 3/15/12 at 10:00 a.m., and indicated Resident G's diagnoses included, but were not limited to, depression and hypertension.</p> <p>The Physician's Order Sheet dated 3/1/12 indicated an order dated 5/19/08 for cerovite liquid (used to treat or prevent vitamin deficiency), give 5 milliliters (ml) once a day.</p>			F0514	<p>F514It is the practice of this provider to maintain clinical records on each resident in accordance with accepted professional standards and practices that are complete; accurately documented; readily accessible; and systematically organized. However; based on the alleged deficient practice- the following has been implemented:What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:Resident GThe cerovite liquid has been D/C'd related to no longer being indicated.How will you identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:No other residents were found to have been affected by the alleged deficient practice Residents requiring medication</p>		04/06/2012

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	<p>The March 2012 Medication Administration Record (MAR) indicated the medication cerovite liquid, give 5 ml once daily, was not signed out as given from 3/1 through 3/16/12.</p> <p>On 3/16/12 at 11:45 a.m., LPN #1 was interviewed in regard to the cerovite medication not signed out as given, and LPN #1 indicated she worked Monday through Friday and had given the resident the cerovite medication and not signed the March 2012 MAR. An observation with LPN #1 of the cerovite medication was available in the facility.</p> <p>The Director of Nursing Services (DNS) was interviewed on 3/22/12 at 8:45 a.m. in regard to the weekend doses of the cerovite not signed out as given. The DNS indicated she had spoken to the weekend nurse, LPN #4, and the nurse had given the resident the cerovite medication but not signed the March MAR. The DNS further indicated Resident G had been prescribed the cerovite due to having a tube feed in the past.</p> <p>This federal tag relates to complaints IN00105054 and IN00105276.</p> <p>3.1-50(a)(2)</p>		<p>be administered have the potential to be affected by the alleged deficient practice. The Licensed Staff have been re-educated on medication administration documentation expectations. Education includes but is not limited to initialing off medications when administered, reading the MAR when passing medications and reviewing documentation at the end of their shift for completeness. A return demonstration for medication administration/documentation requirements has been completed with licensed staff. Education provided by the Director of Nursing Services and the SDC March 21-28, 2012. The Unit Managers are responsible to ensure compliance. What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur: Residents requiring medication be administered have the potential to be affected by the alleged deficient practice. The Licensed Staff have been re-educated on medication administration documentation expectations. Education includes but is not limited to initialing off medications when administered, reading the MAR when passing medications and reviewing documentation at the end of their shift for completeness. A return demonstration for medication administration/documentation</p>				

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				<p>requirements has been completed with licensed staff. Education provided by the Director of Nursing Services and the SDC March 21-28, 2012. The Unit Managers are responsible to ensure compliance. How the corrective action(s) will be monitored to ensure the deficient practice will not recur: A CQI monitoring tool titled "Medication Administration Documentation" will be utilized every week x 4, monthly x 3 and quarterly thereafter for 6 months. Data will be submitted to the CQI Committee. If 95% threshold is not met; an action plan will be developed. Non-compliance with facility procedure may result in disciplinary action up to and including termination.</p>			